## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/28/2010</u>	Address:	131 4 <sup>th</sup> STREET
Case #:	14F40351		<u>WILLIAMSPORT, INDIANA</u>
County:	WARREN		
Type of Laboratory Scizure (check one)   ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c  Residence Outbuilding Vehicle	theck all that apply)  Hotel/Motel Open No Structure Other:
(check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water F ☐ Anhydr ☐ Hydroci ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open ainst apply)  /Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  able Solvents:  Reactive Metal (Lithium):  ous Ammonia:  hloric Acid Gas Generator(s):  ve Acid:  ve Base:  term and location):	r, etc)	
Child under age 18 discovered (check one)  ☐ Yes 2 (number present) ☐ Retail/Merchant Tip  *If yes, fax report to Child Protective Services  ☐ Other: ☐ This report is to be faxed to the following agencies that serve the location:  Fire Department: WILLIAMSPORT ☐ Fax: ☐ Health Department: WARREN COUNTY  Child Protection Service: WARREN COUNTY			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TIM KENDALL</u> Phone <u>7655672125</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.